

CLAIMS ONLY							Application Number <i>09374681</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
		1					57					
8	1	1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14	1						64					
15		1					65					
16		1					66					
17		1					67					
18							68					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	14	←	←	←			Total Depend	←	←	←		
Total Claims	17						Total Claims					